

U.S.

VOL. 8, No. 19

OCTOBER 1, 1972

Medicine®

An Independent Newspaper for Physicians

Hypertension Control Efforts Seen Minimal

By Allen J. Seeber

WASHINGTON—Neither physicians nor their patients are paying an adequate amount of attention to hypertension, though its complications have a substantial mortality rate, a Veterans Administration investigator has reported.

In a monograph scheduled for publication next month, Dr. Edward D. Freis warned that "only about 50 per cent of patients know they have hypertension."

Dr. Freis, senior medical investigator at the VA hospital here who has been repeatedly honored for his work on hypertension, wrote that a survey of large businesses in Chicago disclosed that "only 11 per cent of patients were receiving effective treatment" for the condition.

(Continued on page 12)



—U.S. Medicine photo

Dr. Edward D. Freis

Hypertension Control Efforts Seen Minimal By VA Investigator

(Continued from page 1)

The major reason for this "sad state of affairs," he said, is that "the bulk of physicians have remained unconvinced that the treatment of hypertension justifies the associated side effects, expense, and inconvenience. There is also a highly prevalent notion that hypertension does not require continuous surveillance or control."

Moreover, he said, hypertensive patients "feel well until major complications develop."

"It is difficult to convince them that they need to take daily medications which may, for a time at least, make them feel less well than they were before."

But it is "one of the most ubiquitous of diseases," he said. There are approximately 23 million persons with blood pressures in excess of 150 systolic or a diastolic of 95 mm Hg or higher.

Added to the problem, however, is the "therapeutic nihilism" which has characterized medical tradition with respect to benign essential hypertension, he commented.

Dr. Freis explained that the word "benign" was often "taken literally nor was it conceded that antihypertensive drug treatment could prevent the development of cardiovascular complication."

He pointed out that "because of the great emphasis on coronary heart disease and stroke in recent years it is generally overlooked that congestive heart failure is an important cause of

disability and death and that hypertension is by far the principle culprit in its pathogenesis."

The response has been to place "entirely too much emphasis" on identification and treatment of curable forms of hypertension, he added. But the "impact of extensive diagnostic work-up of patients for curable hypertension on reducing morbidity and mortality in the general hypertensive population has been minimal."

"The true prevalence of curable hypertension in the total population of hypertension patients probably is less than 5 per cent and may well be as small as 1 per cent," he said.

"The routine application of an elaborate, time consuming and expensive work-up for curable forms of hypertension in every patient is an example of poor medical judgment."

"The search for curable hypertension should be individualized, principally to patients below age 35, those above this age who fail to respond to medical treatment, those who have had a recent increase in the severity of their hypertension or those who give a suggestive history such as paroxysmal hypertension."

Dr. Freis said the important factors "which govern the degree of risk of developing cardiovascular complications of hypertension are the height of the blood pressure, the persistence of the elevation of blood pressure, the family history of hypertension and cardiovascular-renal complications secondary to it and the degree of target-

organ damage (fundus, brain, heart and kidney) already present."

"Unfortunately, medical tradition has grossly exaggerated the importance of detecting curable hypertension," he continued.

"For years physicians have been taught that their major obligation was to rule out curable hypertension, and once this was done, their obligation to the patient had been discharged. The devastation of human lives that has resulted from this erroneous teaching can hardly be overestimated," he said.

"The physician's responsibility only begins with the ruling out of curable hypertension and he must not strain unduly his own or the patient's resources in doing so."

"The problem is to restore a perspective which is consonant with the relative worth of diagnostic and therapeutic procedures that are most apt to be effective in preventing the major complications of hypertension."

"The greatest cost-benefit ratio lies in the treatment, specifically in the drug treatment of hypertension," he said.